

Robert C Adkins

Town *Pocomoke* County *Worcester* MARYLAND

Died at *Pocomoke* *Worcester* *MARYLAND*

Date *1902* Month *1<sup>st</sup>* Day *9* Y. *36* M. *1* D. *1* Native of *Wicomico* Occupation *Upholstering*

Male *White* ~~Married~~ *Widow* ~~Divorced~~ *Single* *Widower* *Number of children living*

Husband  
of  
Wife

Father's Name *Robert Adkins* Mother's Name *Kate Savage*

Cause of Death *Chronic Diarrhoea* *Loss of strength* *One year*

Primary *Loss of strength* *One year*

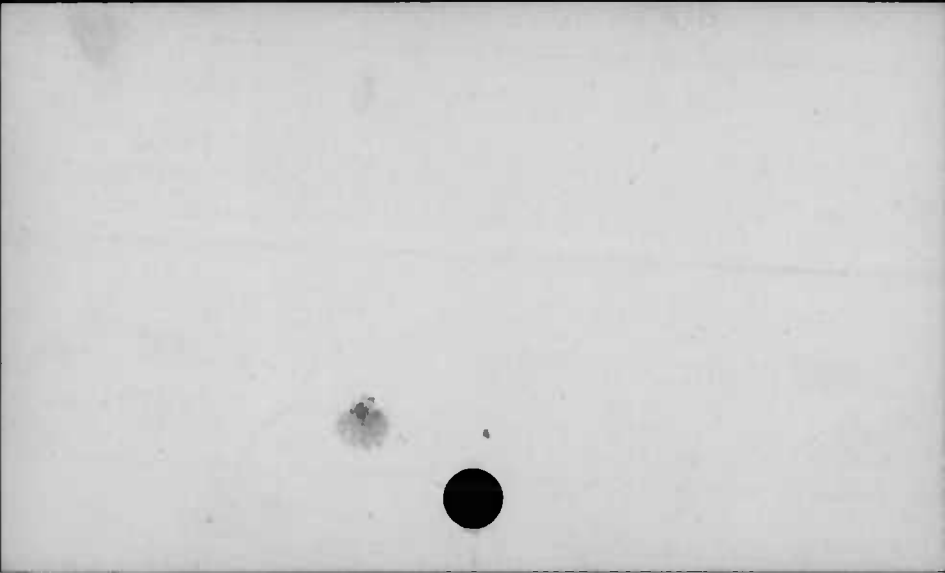
Immediate *Loss of strength* *One year*

How long sick *One year*

Accident *Swims, Homicide*

Reported by *Frederic J. Guster*

Address *Pocomoke Md*



Name in Full *Mary Ballard*

Died at *Stickston* <sup>Town</sup> *Worcester* <sup>County</sup> *MARYLAND*

Date 19 *02* *Jan 11* Month Day Age *47* Y. M. D. Native of *MA* Occupation *House Keeper*

~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~  
 Female *Colored* *Single* *Widower* Number of children living *2*

Husband of *Peter Ballard*  
 Wife of *Peter Ballard*

Father's Name *Harris Mammal* Mother's Maiden Name *Rosena Bayley*

Cause of Death Primary *Acute Tuberculosis 2* How long sick *3 months*  
 Immediate *Pulmonary Hemorrhage* Accident, Suicide, Homicide

Reported by *J. D. Dickerson* *MD*

Address *Stickston* *Worcester Co*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Peter Ballard

Died at Stockton norfolk state of MARYLAND

Date 1902 1 6 Age 43 - - Med Laborer

Male White Married Widow Divorced Widower

Female Colored Single Widow Number of children living 2

Husband of Mary E. Ballard

Father's Name Lit Ballard Mother's Maiden Name Sabtha Redden

Cause of Death Primary Consumption 27 How long sick

Death Immediate consumption Accident, Suicide, Homicide

Reported by George H. Rowley & Bro

Address Stockton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

under 100



Name In Full

Certificate of Death

James Henry Bishop  
Town Stockton

County Worcester

MARYLAND

Died at

Date 1902

January Month 27 Day

Y. M. D.

Native of

Occupation

Age 4

Worcester

none

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband  
of  
WifeFather's  
Name

Raymond Bishop

Mother's  
Maiden NameLetitia Bishop  
Gentry

Cause of

Primary

Anasarcia

How long sick

Several months

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr. J. Parker

Address

Stockton Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70003





William Blake

Died at <sup>Town</sup> Stockton <sup>County</sup> Worcester <sup>State of</sup> MARYLAND

Date 1902 / 7 Age 80 Native of ind Occupation Laborer

Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widower~~ ~~Divorced~~ Number of children living 4

Husband

Wife

Father's Name George Blake Mother's Maiden Name Palsy Blake

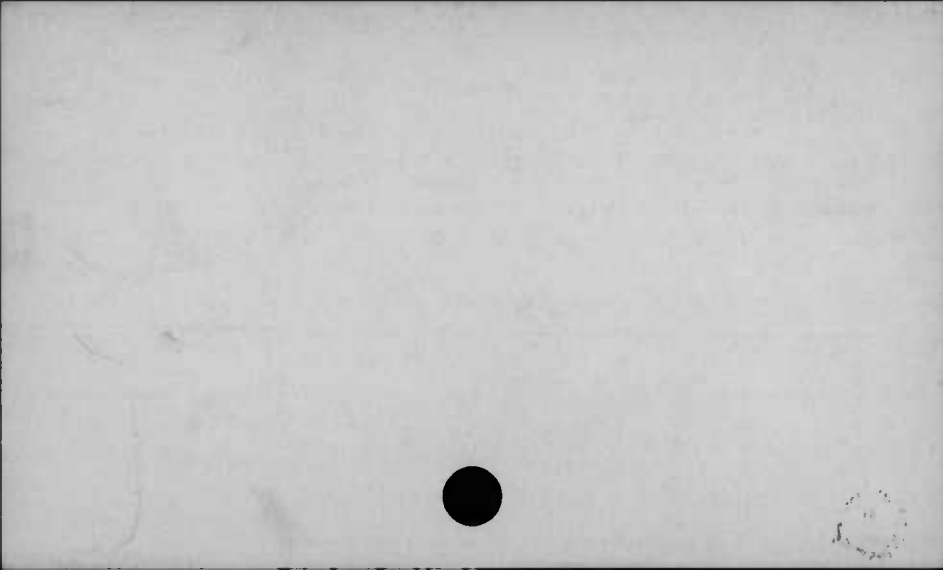
Cause of Death { Primary Heart Failure Immediate Heart Failure } How long sick 10 months

Accident, Suicide, Homicide

Reported by George H. Boulton & Son, Undertakers

Address Stockton ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Charlie Ballard

Town

County

Died at near Pocomoke Worcester MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1942

7

7

Age

26

America

Laborer

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

~~Single~~

Widower

Number of children living

2

Husband

of

Wester Ballard

Wife

Father's

Name

William Ballard

Mother's

Maiden Name

Rosie Gentry

Cause of

Primary

Typhoid fever

How long sick

2 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

C. F. Hargis

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



James Burbage

Town  
BerlinCounty  
Worcester

MARYLAND

Died at

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Jan. 20

Age 62.

U. S.

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

7

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Brights' Disease.

120

How long sick

Several months

Death

Immediate

Brights' Disease.

Accident, Suicide, Homicide

Reported by

J. W. Pitts

Address

Berlin,

Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full *Jacob Bickingham*  
 Died at *Gundlert* Town *Therester* County *MARYLAND*  
 Date 1902 *1* Month *21* Day *60.0* Y. *21* M. *Ind* D. Native of Occupation *Farmer*  
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Divorced ☐ Number of children living *7*

Husband of *Katie Pruitt*  
 Wife *J. Bickingham*  
 Father's Name *J. Bickingham* Mother's Name *do not know*  
 Cause of Death { Primary *Pneumonia* 93 How long sick *5 days*  
 { Immediate *Heart Exhaustion* Accident, Suicide, Homicide ☐

Reported by *C. H. Bickingham*  
 Address *Therester Co. Gundlert*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



11



Name In Full

*Georgiana S. Carey*  
~~*Georgiana S. Carey*~~

*m far*  
Ried

Town

County

*Snow Hill Worcester*

MARYLAND

Date 1912 *1-6* Age *41-7* Native of \_\_\_\_\_ Occupation \_\_\_\_\_

~~Male~~  
Female

White  
Colored

Married  
~~Single~~

~~Widow~~  
Widower

~~Divorced~~

Number of children living

*8*

Husband of

~~Wife~~

Father's Name

Mother's

Maiden Name

Cause of *Primary*

Death *Immediate*

How long sick

*7- days*

~~Accident, Suicide, Homicide~~

Reported by

Address

*W. T. Hearne*  
*Snow Hill Md.*

*93*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Richard A Coffin

Town

County

Died at

Bishopville

Worcester

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Jan

23

Age

61

Maryland Mechanic

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband

of

Wife

Do not know

Father's

Name

Charles Coffin

Mother's

Maiden Name

Do not know

Cause of

Primary

Acute Gastritis

104

How long sick

Two weeks

Death

Immediate

No

Accident, Suicide, Homicide

Reported by

Dr Rollin P. Mottins

Winifred Bayne

Address

Bishopville Md

Bishopville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73999



3

Nancy Jarv

Town

County

Died at

Stockton

Worcester

MARYLAND

Date 19

02

Month

Day

Jan

1

Age

39-

Y.

M.

D.

Native of

Ind

Occupation

House Keeper

Female

White

Married

Widow

Divorced

Single

Widower

Number of children living

2

Wife of

John Jarv

Wife

Father's

Mother's

Name

Maiden Name

John Shauicks Caroline Holland

Cause of

Primary

congestive chill

How long sick

1 day

Death

Immediate

Accident, Suicide, Homicide

Reported by

Hancock &amp; Smack undertaker

Address

Stockton

Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Rintha Hooks

Town

County

Died at

Near Berlin

Worship

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

1 17

Age

47

Worship

Female

~~White~~~~Married~~~~Widow~~~~Divorced~~

Colored

~~Single~~~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

William Hooks

Mother's

Maiden Name

Cause of

Primary

Unknown 179

How long sick

Death

Immediate

Accident, Suicide, Homicide

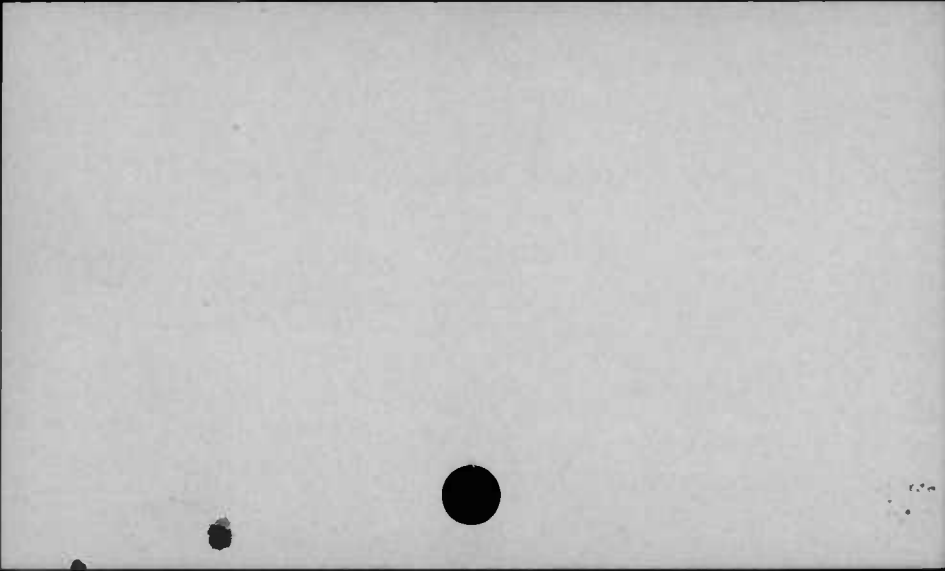
Reported by

Wm Farnell owl  
Berlin End

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name In Full

Certificate of Death

John Gin

Town

County

Died at

MARYLAND

Date 1802 1~~8~~ 9

Age 85

Native of Maryland Occupation Laborer

Male

~~Female~~

Married

Widow

~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living 1

Husband of

Wealthy

Wife

Father's Name William Gin

Mother's Name

Agnes

Cause of

Primary

Apoplexy

64

How long sick

2 days

Death

Immediate

Infirmities of Age

Accident, Suicide, Homicide

Reported by

J T Boston

Address

Pocomoke Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



11  
21

Town

County

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02 Jan 27

Age

88 years

M-d

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

3

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

3 weeks

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Sally Henderson

Town

County

MARYLAND

Died at

Box 200

Horse

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

1 21

Age

29 0 15

Ind

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Husband

of

Wife

Thomas Henderson

Father's

Name

G. R. Swift

Mother's

Maiden Name

Sally Hammonds

Cause of

Primary

Tuberculosis of Lungs

How long sick

2 Years

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

C. A. B. Bennett

Address

Grafton

Horse, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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*Leann A Holland*

Town

County

Died at

*Stockton*

*Worcester state*

MARYLAND

Date 1902

Month

Day

Age

Y.

M.

D.

Native of

Occupation

*1 14*

*- 6 -*

*ma*

*Infant*

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

*0*

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

*Mary Spence*

*Bertie Holland*

Cause of

Primary

*Heart failure*

How long sick

*2 weeks*

Death

Immediate

*Heart failure*

Accident, Suicide, Homicide

Reported by

*Geo H Rowley & Bro*

Address

*Stockton ma*

*179*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



100



Name in Full

Certificate of Death

*Frank Harmon*  
 Died at *Newark* Town *Worcester* County *MARYLAND*  
 Date 19 *02* Month *1* Day *22* Age *70* Y. M. D. Native of *Worcester* Occupation *Farmer*  
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☒ Divorced ☐ Number of children living *—*

Husband of *—*  
 Wife *—*

Father's Name *—* Mother's Maiden Name *—*

Cause of Death { Primary *Pneumonia* 93 How long sick *—*  
 Immediate Accident, Suicide, Homicide

Reported by *Johnson*

Address *Newark* *End*

Must be signed by physician, if any in attendance, otherwise by clergyman, undertaker or minister.



Name in Full

Certificate of Death

Ashbury Lane

Town

County

Died at

Near Pocomoke City - Pocomoke

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

1912

Jan 17

Age

8

Md

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

3

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

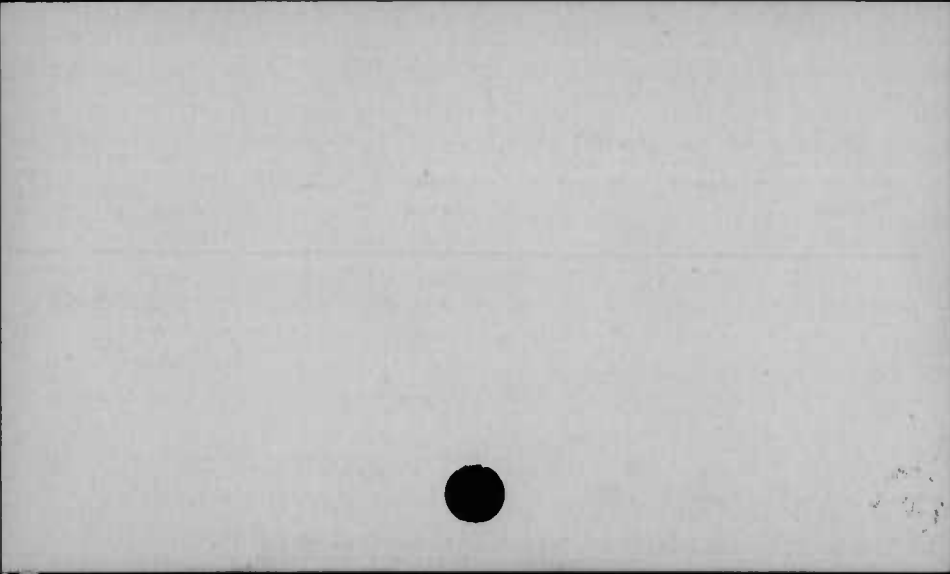
8 1/2 weeks

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full *Edgar Payne*

Town *Stoughton* County *Worcester* MARYLAND

Died at *Stoughton*

Date 19 *12* Jan *22* Age *28* Native of *Mass* Occupation *Farmer*

Month Day Y. M. D.

Male ☐ White ☐ Married ☐ Widow ☐ Divorced ☐

Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *0*

Husband of *Sallie Redden*

Wife *Sallie Redden*

Father's Name *John W. Payne* Mother's Maiden Name *Hester J. Payne*

Cause of Death { Primary *Pulmonary Tuberculosis* Immediate *hemorrhage* How long sick *12 months* Accident, Suicide, Homicide ☐

Reported by *John D. Dickerson, M.D.*

Address *Stoughton Worcester Mass*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



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Name in Full

Certificate of Death

*Hettie A. Pennecill*  
 Town County

Died at *Spence* *Worcester* MARYLAND

Date 1902 1-30 Age 60 - - Native of *Ala* Occupation *H-wif*  
 Male ☒ White Married ☒ Widow ☒ Divorced ☐  
 Female ☐ Colored ☐ Single ☐ Widower Number of children living 6

Husband of *P. H. Pennecill*  
 Wife  
 Father's Name *Henry Jackson* Mother's Maiden Name

Cause of Death { Primary *pneumonia* Immediate *93*  
 How long sick *7 days*  
 Accident, Suicide, Homicide

Reported by *Dr. J. J. J. J.*

Address *Snow Hill Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Tally Richard

Died at <sup>Town</sup> Stockton <sup>County</sup> Worcester

MARYLAND

Date 19 52 <sup>Month</sup> January <sup>Day</sup> 3 <sup>Y.</sup> 19 <sup>M.</sup> 58 <sup>D.</sup> 58 <sup>Native of</sup> Worcester Co <sup>Occupation</sup> Housekeeper

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living Seven (7)

Husband of William J. Richard

Wife

Father's Name Daniel Mason <sup>Mother's</sup> Sallie Watson

<sup>Maiden Name</sup>

Cause of <sup>Primary</sup> Disease of Brain <sup>How long sick</sup> 3 days

Death <sup>Immediate</sup> Paralysis 74 <sup>Accident, Suicide, Homicide</sup>

Reported by Dr. J. ParkerAddress Stockton, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



14

Name In Full

Certificate of Death

Mrs Julia Pitts

Town

County

Died at

MARYLAND

Month

Y.

M.

D.

Native of

Occupation

Date 1902

1 28

Age

88-3

Worcester

Matron

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

4 1

Husband of

Wife

Robt- Pitts

Father's

Name

Jesse Jones

Mother's

Maiden Name

Rachel Cropper

Cause of

Primary

Heart-Failure

How long sick

5 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

W. L. P. Bower

179

Address

Newark

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Name *Miss Powell*  
 Died at *Near Ocean City* Town *Pocomoke* County *MARYLAND*  
 Date 19 *12* Month *1* Day *27* Y. *60* M. *Mid* D. *Drayman*  
 Male *White* Married *Widow* ~~Divorced~~ Native of *Mid* Occupation *Drayman*  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *3*

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

*Cancer of Stomach*

How long sick

*6 mos*

Death

Immediate

~~Accident~~ ~~Suicide~~ ~~Homicide~~

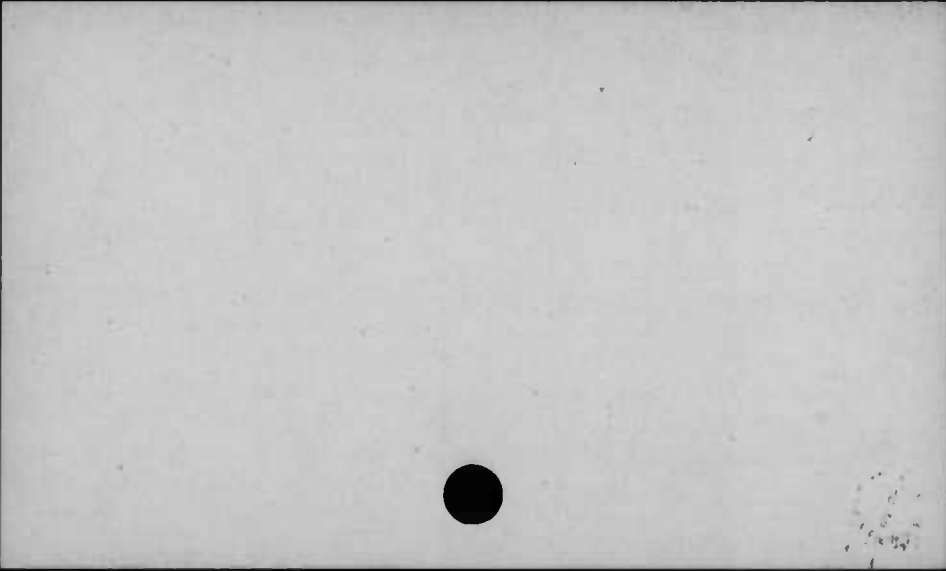
Reported by

*Ge Holland*  
*Berlin*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70895



Name in Full

Certificate of Death

Marion B Schoolfield

Died at <sup>Town</sup> Paromoke City <sup>County</sup> Worcester MARYLAND

Date 19 02 Jan 5 Y. M. D. Native of Occupation  
 Male White ~~Married~~ Widow Divorced  
~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of —

Wife

Father's Name Elijah J Schoolfield Mother's Name May Belaske  
 Maiden Name

Cause of Death { Primary Meningitis & Typhoid Fever  
 Immediate Culpa 22  
 How long sick 3 weeks  
 Accident, Suicide, Homicide

Reported by S S Quinn

Address Paromoke City Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





*Unmarried*  
 Died at *Pocomoke city* <sup>Town</sup> *Worcester* <sup>County</sup> *Maryland*

Date 19*02* *Jan* <sup>Month</sup> *20* <sup>Day</sup> Age *8* <sup>Y. M. D.</sup>  
~~Male~~ <sup>Female</sup> ~~White~~ <sup>Colored</sup> ~~Married~~ <sup>Single</sup> ~~Widow~~ <sup>Widower</sup> ~~Divorced~~  
 Occupation *Infant*  
 Number of children living

Husband of \_\_\_\_\_  
 Wife

Father's Name *Don't know* Mother's Name *152*  
 Maiden Name *Susan Schofield*

Cause of Death { Primary *did not nurse* Immediate *asphyxiation*  
 How long sick *all the time*  
 Accident, Suicide, Homicide

Reported by *Cummins*  
 Address *Pocomoke city Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Rebecca Selby

Died at <sup>Town</sup> Berlin <sup>County</sup> Worcester

MARYLAND

Date 1902 Jan. 19<sup>th</sup> Month Day Y. M. D. Age 77 Native of U. S. Occupation Housekeeper

~~Male~~ White Married ~~Widow~~ Divorced  
 Female Colored Single Widower Number of children living Three

Husband of Wm B. Selby, deceased  
 Wife  
 Father's Name Mother's Name  
 Maiden Name

Cause of Primary Pneumonia How long sick 10 days  
 Death Immediate Pneumonia 93  
 Accident, Suicide, Homicide

Reported by J. W. Pitts.  
 Address Berlin, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Lilli Martin

Town

County

MARYLAND

Died at

Pocomoke City

Worcester

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

1

10

Age

18

Md

none

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

1

Husband

of

Major Mills

Wife

Father's

Name

Ad. sis

Mother's

Maiden Name

Liah Taylor  
Patterson

Cause of

Primary

Consumption

How long sick

1 yr.

Death

Immediate

Asthma

~~Accident, Suicide, Homicide~~

Reported by

J. H. King

Address

Pocomoke City, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Certificate of Death

Ruth Wicks

Town

County

MARYLAND

Died at

Pocomoke

Worcester

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date

1 9

Age

16

Pocomoke

—

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Jno Wicks

Mother's

Name

Ananda Wicks

Cause of

Primary

Exhaustion vital forces

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

J H Mollie

Pocomoke

152

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968





Name in Full

Certificate of Death

Henry Williams Col  
 Town County Worcester MARYLAND  
 Died at Bishop  
 Month Day Y. M. D. Native of Occupation  
 Date 1902 Jan 4 Age 72 Maryland Hammer  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living 1

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

froze to death

Death

Immediate

for any reason

How long sick

Immediately

Accident, Suicide, Homicide

Reported by

Dr Rollin P Collins

Timothy Rayne

Address

Bishopville Md

Bishopville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

